DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue, NW
Washington, DC 20307-5001

WRAMC Regulation
No. 40-104

1 July 2002

Medical Services

COMPREHENSIVE SCREENING, ASSESSMENT AND REASSESSMENT OF PATIENTS

1. History

This is a revision of WRAMC Regulation 40-98 as two regulations had the same number and because revision is necessary due to changes in the screening and assessment of patients.

2. Applicability

This regulation is applicable to all inpatients and primary care outpatients in the clinical settings at Walter Reed Army Medical Center (WRAMC).

3. Purpose

To ensure that patients with special needs or risks are identified, that further assessment is performed, as necessary, and that appropriate clinical interventions are initiated in a timely fashion.

4. References

a. Comprehensive Accreditation Manual for Hospitals (CAMH), Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

b. Comprehensive Accreditation Manual for Ambulatory Care, JCAHO 2002.

c. Walter Reed Comprehensive Screening, Assessment, and Reassessment of Patients Manual, CSARP WRAMC 2002.

5. Explanation of abbreviations and terms

Abbreviations and terms in this regulation are explained in the glossary.

6. Responsibilities

The Executive Committee of the Medical and Administrative Staff (ECMAS) supports all initiatives that encourage an organizational culture that emphasizes the importance of comprehensive screening and appropriate referrals to maximize patients' functional outcomes. This support includes:

a. Staff orientation and education regarding appropriate comprehensive screening procedures.

b. Screening procedures to ensure further assessment of patients with multiple and/or complex medical and social needs.

c. Performance improvement (PI) processes that seek to identify opportunities to evaluate the adequacy and appropriateness of current screening and assessment procedures.

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*This regulation supercedes WRAMC Reg 40-98, dated 24 May 2002.

7. Policies
Joint Commission on Accreditation of Healthcare Organizations - Assessment of Patients. The standards associated with comprehensive screening and subsequent assessment and reassessment apply to all patients admitted to WRAMC as well as WRAMC's primary care outpatients.

8. Procedures

a. Inpatient.

(1) Nursing. Each inpatient's psychological, social, and physical status, including functional, nutritional, and pain status will be screened upon admission by the admitting nurse as outlined in the CSARP Manual. Using the Nursing Screening Questions, the nurse will ascertain the patient's need for assessment by supporting services, e.g. Behavioral Health (BH), Social Work (SW), Care Continuum Management Services (CCMS), Nutrition Care (NC), Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (SP), and Pharmacy (RX). Nurses will rescreen on an on-going basis in order to communicate the most up-to-date status of patients. Functional screening will be updated prior to transferring a patient within the facility by the losing nurse. Responses to the screening/rescreening will be visible on the status board (except for pastoral care) that is present in all progress notes. On the status board a "Y" stands for "YES", an "N" stands for "NO, "NI" stands for "NOT INDICATED", "P" stands for "PENDING", "O" stands for "ONGOING", and "C" stands for "COMPLETE". The status board is fluid and will change with the most recent note stored relating to these questions.

(2) Physicians/Providers. Physicians/providers will determine the need for further assessment of patients who have been identified through initial nursing screening or reassessment for PT, OT, SP, or BH. For patients with positive PT, OT, SP, or BH screens, the physician/provider will document in the progress note why further assessment is not indicated and replace the 'Y' with 'NI' on the progress note, or consult and notify the appropriate service and replace the 'Y' with a 'P' on the progress note. All changes made in the progress note regarding responses on the screening/reassessment will automatically update the status board. The physician is responsible for entering the consult in the Clinical Information System (CIS) and notifying the appropriate service within 24 hours of his/her recognizing the need for referral. No consult is required for NC, RX, SW or CCMS.

(3) Nutrition Care, Social Work, CCMS, and Pharmacy. NC, SW, CCMS and Rx staff will write and review screening questions as part of their respective PI programs. They will assess patients with designation 'Y' within the time frame specified in their plans for assessment and reassessment of patients as outlined in the CSARP Manual. Service-specific notes will have a notation of 'C' for consult completed or 'O' for ongoing assessment or treatment.

(4) Physical Therapy, Occupational Therapy, Speech Therapy, and Behavioral Health. PT, OT, SP, and BH staff will write and review screening questions as part of their respective PI programs. They will assess patients with designation 'P' (after receipt of a consult/order and/or notification) within the time frame specified in their plans for assessment and reassessment of patients as outlined in the CSARP Manual or the plan for provision of care for BH. Service-specific notes will have a notation of 'C' for consult completed or 'O' for ongoing assessment or treatment.

(5) Pastoral Care and Spiritual Services. PC staff will establish policies and procedures for screening and assessing patients, and for pastoral care and spiritual services. PC staff will also review the CIS nursing admission note for initial spiritual needs screening. They will assess and reassess patients as outlined in the CSARP Manual.

b. Outpatient. Primary care clinics (adult and pediatric), wellness services, and the preadmission unit will screen psychological, social, and physical status using the How's Your Health (HYH) Survey/Point of View (POV) Technology, other command-approved screening tools, Nursing Screening Questions (CSARP Manual), or screening questions on the abbreviated medical record history and physical (H&P). Based on review of the HYH, H&P, and/or nursing screens, the provider will determine priorities of care and required actions, initiate referrals, perform interventions, and/or provide education. All preoperative and pre-procedure patients will be reassessed the day of their procedure/surgery for any change(s) in condition.

9. Documentation
Screening, assessment, and reassessment of patients will be documented in CIS, POV, the Integrated Clinical Database (ICDB), or the medical record using approved forms for each discipline (CSARP). For inpatients, Physicians/providers, Nursing Services, PT, OT, SP, BH, SW, CCMS, and NC will document priorities of care in the integrated note. Documentation in CIS assessment and progress notes will automatically change the status board and integrated note. Each service must ensure appropriate documentation and review for inpatient and out patient medical records.

10. Reporting
Each supporting service will assess the success/effectiveness of patient screening/assessment/reassessment processes as part of their PI programs. Suggested areas to monitor include:

a. Appropriateness of screening questions

b. Timeliness of consults

11. Performance Improvement. The commander is responsible for the organizational policy for comprehensive screening.

a. Each supporting service will evaluate the outcome of comprehensive screening, and communicate all opportunities to improve criteria or procedures for assessment of patients with positive screens as part of their PI programs on an annual basis. This information will be included as part of their departmental reporting.

b. The PI Coordinator for each supporting discipline will design and implement data-collection tools to evaluate current screening and assessment methods. Evaluation will identify trends or opportunities to improve care and/or reduce time awaiting appropriate assessments and management. A multi-disciplinary screening approach will be used to monitor and evaluate the use of screening questions and policy compliance.

c. Any changes to the CSARP as a result of the PI processes must be in compliance with the governing regulation and made within the appropriate appendix of the manual by the chief of the supporting discipline.

12. Education
Each discipline will ensure training on the screening policy and associated procedures is provided to all staff.

a. Department of Nursing personnel will receive initial comprehensive screening training in the Nursing Education and Staff Development Service orientation program, with familiarization occurring on nurses' assigned units.

b. Clinical Departments. Department Chiefs will ensure all clinical personnel are aware of providers' obligations when there is a positive screen, and use of the status board and integrated note.

c. Clinical Information System. All incoming staff to be trained on CIS will be oriented to the status board, the screens, the algorithms for managing a positive screen, and use of the integrated note.

GLOSSARY

a. Appropriateness (domain). Degree to which care provided is relevant to the patient's clinical needs, given the current state of knowledge.

b. Assessment of patients (patient-focused function). Determines the kind of care required to meet a patient's initial needs as well as his or her needs as they change in response to care.

c. Effectiveness (domain). Degree to which care is provided in the correct manner, given the current state of knowledge, to achieve desired or projected patient outcome(s).

d. Functional status. Factors related to health problems, bodily pain, nutritional status, general health perceptions, vitality, social functioning, role disability due to emotional problems, and general mental and spiritual health.

e. Positive screen. A "yes" answer to any of a series of screening questions in the nursing admission note, shift note, or transfer note.

f. Process. An interrelated series of events, activities, actions, mechanisms, or steps.

g. Process measure. A measure that focuses on a process which leads to a certain outcome, meaning that a scientific basis exists for believing that the process, when executed well, will increase the probability of achieving a desired outcome.

h. Status Board. Computer generated fluid chart that shows the latest update on the patient's comprehensive screen. The nurse's initial summary screen by discipline (PT, OT, SP, NC, BH, RX, SW, CCMS) is automatically imported. It is updated by consultation with one of the above services, a change in patient status, or a change in level of care.

i. Integrated Note. Computer generated note visible in all progress notes resulting from prioritized plan of care of the following disciplines: Physician/provider, Nursing Services, PT, OT, SP, BH, NC, DP, and SW. The note will be updated through each discipline's progress note.

j. How's Your Health. A comprehensive screening tool used to assess multiple social, functional, behavioral, nutritional, and medical needs of a patient.

The proponent agency of this publication is the Director of Performance Improvement/Risk Management Office. Users are invited to send suggestions and comments on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, Walter Reed Army Medical Center, ATTN: MCHL-DMAO-PI, Washington, DC 20307-5001.

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